

THE CITY OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32085**

SEP 22 1952

BIRTH NO.

REG. DIST. NO. **160**PRIMARY REG. DIST. NO. **2030**Registrar's No. **67**

1. PLACE OF DEATH

a. COUNTY

Jeffersonb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Festus**c. LENGTH OF
STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

a. STATE **Missouri**b. COUNTY **Jefferson**c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Festus**d. STREET
ADDRESS **642 W. Main**3. NAME OF
DECEASED
(Type or Print)a. (First)
Louisb. (Middle)
Adamc. (Last)
Gehrs4. DATE
OF
DEATH(Month) (Day) (Year)
Sept 2 - 1952

5. SEX

Male

6. COLOR OR RACE

White7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

Jan 15 - 18929. AGE (In years,
last birthday)**60**if under 1 year
Months Days Hours Min.**7 17**10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)**Crane Operator**10b. KIND OF BUSINESS OR IN-
DUSTRY**P.P. Glass Co.**

11. BIRTHPLACE (City and State or Foreign Country)

Carlyle Ill.12. CITIZEN OF WHAT
COUNTRY?**W. S. A.**

13a. FATHER'S NAME

Joseph Gehrs

13b. MOTHER'S MAIDEN NAME

Eileen Stephenson

14. NAME OF HUSBAND OR WIFE

Gertrude Gehrs15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)**yes World War I**16. SOCIAL SECURITY
NO.**4-89-03-3800**

17. INFORMANT'S SIGNATURE OR NAME

Gertrude Gehrs Festus Mo.

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per
line for (a), (b), and (c)*This does not mean
the mode of dying, such
as heart failure, asthma,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.**chronic bronchial asthma**INTERVAL BETWEEN
ONSET AND DEATH**several hrs****2 month
ago****many
years**19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

4201

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT
SUICIDE
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY (Month) (Day) (Year) (Hour)21e. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-27-**, 1951, to **9-2-**, 1952, that I last saw the deceased
alive on **9-2-**, 1952, and that death occurred at **8:45 P. M.**, from the causes and on the date stated above.

23. SIGNATURE

(Degree or title)

23b. ADDRESS **CRYSTAL CITY - MO**

23c. DATE SIGNED

9-3-5224a. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24b. DATE

Sept 5 - 1952

24c. NAME OF CEMETERY OR CREMATORY

Rosedawn Memorial Cem

24d. LOCATION (City, town, or county)

Crystal City, Mo.

(State)

DATE REC'D BY LOCAL
REG**9-5-52**

REGISTRAR'S SIGNATURE

Gertrude Gehrs

25. FUNERAL DIRECTOR'S SIGNATURE

H. S. Vinyard

ADDRESS

Festus Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED SEP 18 1952

OCT 6 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James J. Comerford

Licensed Embalmer No. 4744

P. O. Address Crystal City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.